

CITY OF ASHEVILLE
Finance Department/Customer Services Division
P.O. Box 7148 Asheville, NC 28802
Phone # (828) 251-1122 Fax # (828) 259-5965

PRIVILEGE LICENSE APPLICATION

(PLEASE PRINT)

Property I.D. # _____

Date of Application _____

of Business Physical Location

1. Name of Business or Applicant _____

2. Business Mailing Address _____

(Street or Post Office Box)

(City) (State) (Zip Code)

3. Business Physical Location _____

(Street)

(City) (State) (Zip Code)

4. Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation

5. Business Phone # () _____ Fax Number () _____

6. Emergency Phone # () _____

7. Is this Business Incorporated? Yes _____ No _____ (Please List Officer's Information on Back)

8. SS# _____ or Federal ID # _____

SS# _____

9. Owner(s) of Business:

Print Name(s)

Signature(s)

Owner's Home Phone # () _____

Owner's Address _____

10. Description of Business _____

11. State License (if applicable) _____ Check here if one time job _____

Please List Corporate Officers Below:
(Or Attach Preprinted List)

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

OFFICE USE ONLY

CLASSIFICATION FOR LICENSE	_____	COST	_____
	_____	COST	_____
	_____	COST	_____

City of Asheville

PRIVILEGE LICENSE AFFIDAVIT

Name and Mailing Address of Business:

This affidavit is for the purpose of determining the privilege license tax for the ensuing tax year. Privilege License tax year runs from July 1 to June 30 of the following year. The figure you report below should represent only those receipts generated within the corporate limits of the City of Asheville. If your location is in the city, it would include all of your gross receipts. **The gross receipts you list below should be for the previous tax year.** If you are taking over an existing business, please use their previous tax year figures. If this is a new business and you cannot determine gross receipts, please estimate by taking into account similar businesses, location, etc., **a figure has to be given and this form MUST be signed.**

Location of Business:

Gross Receipts

\$ _____ , _____ , _____ .00

Signature

Title

Please fill out in a legible manner! Thanks for your co-operation.

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